April 9, 2003

**VIA FEDERAL EXPRESS** 

Origin Systems, Inc. 5918 W. Courtyard Drive Austin, TX 78730

Re: Application # 10/035,657

FRAMEWORK FOR ESERVICE MANAGEMENT

Dear Jason:

As discussed, there is still an open issue with regard to your signing the documents required by the USPTO to be signed on behalf of Panacya Inc. ("Panacya"). It is my understanding that you were reluctant to sign and return the forms, etc. for the Framework For eService Management patent that Panacya sent to you about a year ago.

For that reason, please find the following forms pertaining to the Framework For eService Management patent enclosed:

- Copies of the Declaration and Assignment forms as signed by you and the other inventors for the provisional patent filing in October 2000;
- Declaration form for the non-provisional filing in October 2001;
- Assignment form for the non-provisional filing in October 2001; and
- Refusal to Sign statement.

The other four inventors, including those not longer employed by Panacya have already signed these USPTO forms for the October 2001 filing.

Please sign either (1) the enclosed Declaration and Assignment forms or (2) if you still prefer not to sign these USPTO forms, please sign the Refusal to Sign statement.

Please return to the signed document(s) in the enclosed pre-paid self-addressed Federal Express envelope. Please do so as soon as possible.

Please contact me directly at 410-707-7378 if you have any questions concerning this request. Thank you for your anticipated cooperation in this matter.

Sincerely

Pauline A. Constantino

Counsel

**Enclosures** 

## UNITED STATES PATENT & TRADEMARK OFFICE Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: 6/1/02 2 Serial/Patent # 0/055,65			
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
Amendment		.//	\$
Extension of Time	2	6/4/3	\$ /25 -
Notice of Appeal/Appeal		7 ,	\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment / 4/			\$ / R
other suchage or oathle		6/9/3	\$ 65
	7 TOTAL AMOUNT \$ 190		
	8 TO BE REFUNDED BY:		
10 REASON:	Treasury Check		
Overpayment	Credit Deposit A/C #:		
Duplicate Payment	, 500977		
No Fee Due (Explanation):			
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11 REFUND REQUESTED BY:			
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THIS SPACE RESERVED FOR FINANCE USE ONLY:			
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B